


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F50277</b> 1. Entity Name <b>BELLFLOWER MARINE, INC.</b>	
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Principal Place of Business  
C/O WILLIAM BELLFLOWER  
4400 W. PENSACOLA ST.  
TALLAHASSEE, FL 32304

Mailing Address  
C/O WILLIAM BELLFLOWER  
4400 W. PENSACOLA ST.  
TALLAHASSEE, FL 32304



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2137324</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BELLFLOWER, WILLIAM  
5819 W. TENNESSEE ST  
TALLAHASSEE, FL 32304

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BELLFLOWER, RUTH B 5819 W TENNESSEE ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BELLFLOWER, WILLIAM 5819 W TENNESSEE ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BELLFLOWER, BENNIE D 1172 CONSERVANCY DR WEST TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/09/04-80025-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Bennie Bellflower **BENNIE BELLFLOWER, VP, 1-804, 850-575-862**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #